

**Notice Of Personal Chiropractic Or Personal Acupuncturist**

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. You may use this form to notify your employer of your personal chiropractor or acupuncturist.

**Your Chiropractor or Acupuncturist's Information:**

(name of chiropractor or acupuncturist) (D.C., L.AC.)

(street address, city, state, zip code)

(telephone number)

Employee Name (Please Print): \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DWC FORM 9783.1 (March 14, 2006)

**Notice to employee:** Your personal licensed chiropractor (D.C.) or licensed acupuncturist (L.AC.) must be your regular treater and be able to provide records that show your previous history or visits and treatments that were performed.

Be sure to check with your employer or claims administrator if you have a Medical Provider Network (MPN) or Health Care Organization (HCO) because different rules apply in such a case.

Prepared and published as a community service by

**York Insurance Group****Claims and Risk Management Services**

PO Box 619058  
Roseville, CA 95661-9058

TELE: (916) 783-0100  
FAX: (916) 783-0338

**Medical Care**

It is important to you, your family and your employer that you receive good medical care. The quickest way to recover from an injury or illness is with quality medical care.

- If emergency medical care is required, call for help right away and get the best treatment available until emergency personnel arrive. Emergency phone numbers are listed on the back of this document.

- If first aid is available at your workplace, seek immediate treatment. Report to your employer where, when and how the accident happened. If it's more than a simple first-aid injury, ask your employer for a claim form.

- To make sure your medical bills get paid and you get all of your benefits, complete the "Employee" section of the claim form and return it to your employer as soon as possible. Employers are required to notify the claims administrator and authorize medical treatment within one working day of receiving a claim form, so get a signed and dated copy of the claim form back from your employer and keep it with all the other paper work related to your claim.

- If additional treatment is necessary, your claims administrator will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly so your benefits can be paid.

- The doctor with overall responsibility for treating your injury or illness is your "primary treating physician" (PTP). The PTP decides what kind of medical care you need and when you can return to work. If necessary, he or she will review your job description with you and your employer to define any limitation or restrictions that you may have when you go back to work. This doctor also is responsible for coordinating care between other medical providers, and if it is a serious injury, will write reports about any permanent disability or the need for future medical care. Generally your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or claims administrator. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you.

- You can be treated by your personal doctor or medical group immediately if your employer offers group health coverage, the doctor agreed in advance to treat you for any work injuries or illnesses, and you gave your employer the doctor's name and address in writing before the injury. If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected doctor first. If you decide to give your employer the name of a doctor to be your primary treating physician in case of a work injury or illness, he or she must be someone who has treated you before and who has your medical records. You can use the form inside of this pamphlet to give your employer the information about your doctor.

- Normally, if you haven't given your employer the name of your personal physician before the injury, you can switch to you own doctor 30 days after the injury is reported. (Different rules apply if you are a member of a Health Care Organization or a workers' compensation medical provider network, so check with your claims administrator if that's the case.) If you switch, choose your doctor carefully – most people don't have a family surgeon, for example. If you want advice about specialists, talk to your claims administrator.

**When a work injury occurs...**

1. Quickly seek first aid. Call 911 for help immediately if emergency medical care is needed.
2. Immediately report injuries to your supervisor or RISK MANAGEMENT at 530-886-2600, fax-2609. Your employer is required to provide you with a claim form within one working day of learning of your injury. Insure your rights to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a simple first aid injury. Your employer must notify the claims administrator and authorize medical treatment within one working day of receiving your claim form, and will direct you to a doctor, clinic, or hospital if necessary. Any delay in reporting an injury may delay workers' compensation benefits. If your claim or benefits are denied, you have a right to challenge the decision, but there are deadlines for filing the necessary papers at the Workers' Compensation Appeals Board, so don't delay.
3. Call your employer representative or claims administrator if you have questions or problems. It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you will be entitled to job reinstatement, lost wages and increased benefits, plus cost and expenses up to a maximum set by the state legislature.

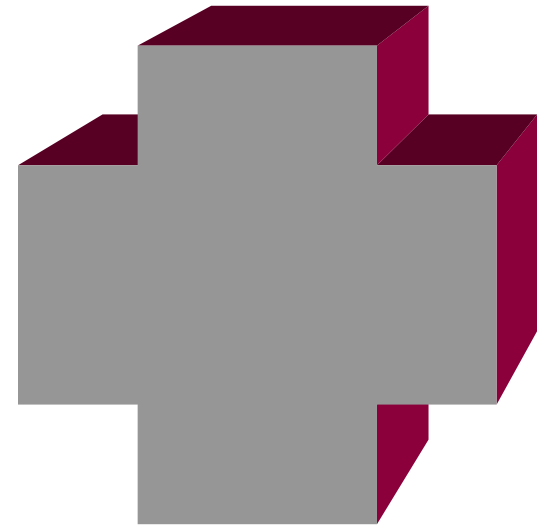
Free help and information are available by contacting a Division of Workers' Compensation information and assistance officer at a local office. You can hear recorded information and get a list of local offices by calling (800-736-7401), or visiting the Division of Workers' Compensation web site at <http://www.dir.ca.gov/dwc>

**WORKERS' COMPENSATION  
FRAUD IS A FELONY**

**Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.**

**This pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation.**

**Por una copia en español por favor escriba a  
Gregory B. Bragg & Associates, Inc.  
PO Box 619058  
Roseville, CA 95661-9058**



# The Facts About Workers' Compensation

The Way It Used To Be

Before California workers' compensation, workers injured on the job had to sue their employers for recovery of their lost wages and medical expenses. Under this system, an injured worker waited months, or even years, before judges and juries decided who was at fault and how much, if anything, should be paid. Most of the time the injured worker got nothing. The system was unfair, inefficient and expensive.

The Way It Is Today

More than 90 years ago the California Legislature passed the California Workers' Compensation law, designed to guarantee automatic and prompt benefits to injured workers. Today workers' compensation is fast and fair; where fault does not have to be established to recuperate medical expenses and lost wages. If you are unable to work due to a job illness or injury, your medical bills and lost income replacement are provided through workers' compensation insurance.

Am I Covered?

Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. Your employer can answer any questions you might have about coverage.

What Does Workers' Compensation Cover?

If you have an illness or injury due to your job, it is covered. The cause can be a single event, like a chemical burn, or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from simple first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as social or athletic activities, like the company softball team, may not be covered. Check with your employer or the claim administrator listed at the end of this brochure if you have questions.

Coverage begins the moment you start your job. There is no probationary period or wage rate to reach in order to be fully covered. Protection from workers' compensation is immediate and automatic.

What You Are Required To Do

Immediately notify your employer or the representative on the backside of this brochure, so that you can get the medical help that you need without delay. If your injury is greater than a simple first-aid injury, your supervisor will give you a claim form for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the claim form. Keep one copy of this form and give the rest to your supervisor. In turn your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another off to the claims administrator. The claims administrator is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until the claim administrator knows about your injury, so report and file the claim form as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your claim form. Employers are liable for as much as \$10,000 in treatment pending a decision for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided. To assure your right to benefits, report every injury, no matter how small, and ask for a claim form if it's greater than a simple first aid injury.

What Are The Benefits?

You may be entitled to various kinds of benefits under California workers' compensation law: Any and all necessary and reasonable medical care for your illness or injury. There is no deductible. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor. State law limits certain medical services as of January 1, 2004.

Tax-free disability payments. These payments, both temporary and permanent disability, help replace lost wages. If the injury causes permanent injury or death, additional payments are made. Supplemental job displacement for injuries on or after January 1, 2004. This is if your illness or injury causes permanent injury, your employer does not offer suitable modified or alternative work, and you don't go back to work for the employer within 60 days of when temporary disability ends, you may be entitled to a supplemental job displacement benefit. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools. The total ranges from \$4,000 to \$10,000 in vouchers, conditional to the level of permanent disability.

Defining The Benefits

**Medical Care:** Paid by the claims administrator, to help you recover from an injury caused by work, covering all necessary and reasonable treatment. You should never receive a medical bill.

**Temporary Disability Benefits:** If you are not capable to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. Temporary disability checks will be sent every two weeks after that until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or not able to work more than 14 days). The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 weeks from five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can exceed the cap lasting up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary, see the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

**Permanent Disability:** If your doctor says your injury will always leave you somewhat limited in your ability to work, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date, but if you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated. In general, the total amount is set at

a weekly rate spread over a fixed number of weeks. The first payment is due within 14 days after the final temporary disability payment, or if you were receiving temporary disability, 14 days after your doctor says your condition is permanent and stationary. After that, the benefit will be paid every 14 days until you reach the maximum or you settle your case and receive a lump sum settlement payment.

**Vocational Rehabilitation:** For any injury or illness prior to January 1, 2004, resulting in a permanent disability and preventing you from returning to your job, you may qualify for vocational rehabilitation if your employer doesn't offer modified or alternative work. A trained counselor will develop a plan to create new job opportunities for you. Again, workers' compensation insurance directly pays all costs up to a maximum set by state law.

**Death Benefits:** If the injury or illness causes death, payments may be made to your relatives or household members who were financially dependent on you. State law sets these benefits and the total depends on the number of dependents. The payments are made at the same rate as temporary disability payments. In addition, workers' compensation provides a burial allowance.

**Supplemental Job Displacement Benefits:** This is if your illness or injury causes permanent injury, your employer does not offer suitable modified or alternative work, and you don't go back to work for the employer within 60 days of when temporary disability ends, you may be entitled to a supplemental job displacement benefit. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools. If you qualify for the supplemental job displacement benefit, your claims administrator will provide a voucher up to a maximum set by state law: A) Up to \$4,000 for permanent disability awards of more than 0% but less than 15%. B) Up to \$6,000 for permanent disability awards from 15% to 25%. C) Up to \$8,000 for permanent disability awards from 26% to 49% D) Up to \$10,000 for permanent disability awards from 50% to 99%.

Other Benefits

Sometimes people confuse Workers' Compensation with State Disability Insurance (SDI). Although they appear alike, there are significant differences. Workers' compensation insurance covers on-the-job injuries and illnesses and is paid for totally by your employer. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

If You Still Have Questions

Ask your supervisor or employer representative. Or contact the workers' compensation claims administrator listed with the address and phone number on workers' compensation posters at work and on the other side of this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an information and assistance officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed at the end of this pamphlet and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at <http://www.dir.ca.gov/dwc>

Predesignation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D) or doctor of osteopathic medicine (D.O.) or medical group if:

- your employer offers group health coverage;
- the doctor is your regular physician, who shall either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

Notice Of Predesignation Of Personal Physician

Employee: Complete this section

To: PLACER COUNTY,  
If I have a work-related injury or illness, I choose to be treated by:

(Name of doctor) (M.D., D.O., or medical group)

(street address, city, state, zip)

(telephone number)

Employee Name (please print):

Employee's Address:

Employee Signature: Date

Physician: I agree to this Predesignation:

Signature: Date  
(Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).